

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Section 10: Transition Checklist

Transition Activities into, within and from First Steps: Identification of activities and responsible individuals to assist the family and child with transitions include:	Specific Transition Issue	Who is responsible
<b>Transition into and within: (Optional)</b>		
1. Transition from hospital, neonatal intensive care unit to home, and into early intervention services to ensure that no disruption occurs in necessary services		
2. Family related changes that may affect IFSP service delivery i.e., employment, birth or adoption of sibling, medical needs of other family members)		
3. Child related changes that may affect IFSP service delivery (i.e., hospitalization or surgery, placement in a child care program, addition of new equipment or technology, medication changes)		
4. Introduction of new or a change in: Service Provider (s) Service location (s)		
5. Termination of existing IFSP service		
6. Explore community program options for our: Child Family		
7. Child and Family exiting First Steps system due to Loss of eligibility Family does not consent to participate		
8. Other Transition		
Comments:		
<b>Transition from (age 2.5 years): 9 &amp; 10 required at each IFSP Meeting</b>		
9. <b>Discussion</b> with, and training of parents regarding future placements and other matters related to the child's transition		
10. <b>Discussion</b> about procedures to prepare the child for changes in service delivery including steps to help the child adjust and function in a new setting		
11. <b>Send</b> with parental consent, information about the child to the local education agency to ensure continuity of services including evaluation and assessment of information and IFSP's		
12. <b>Send</b> specified information to community programs, upon informed, written consent, to facilitate service delivery or transition from the First Steps early intervention system		
Comments		